SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) Gin Rodanio Carlo Carlo เกมา

<u>__</u>

62014

Refund:	Amount Paid:	te:	Figure #:
	1/4/1/2011-01 1/2012-01	16.021-14	いらい。

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANTY///GJ/C

Address of Property: TYPE OF PERMIT REQUESTED—▶ ☐ LAND USE Authorized Agent: (Person Signing Application on behalf of Owner(s)) 30985 Z, PROJECT LOCATION Section CARLSON Legal Description: MILANO , Township 71/4 RD Osti (Use Tax Statement) ASHLAND Gov't Lot N, Range Lot(s) SANITARY #SHL# Contractor Phone: PIN: (23 digits) ≤ City/State/Zip: 30985 CHRLSONRA Mailing Address Agent Phone: CSW VO □ PRIVY Vol & Page Town of: 17-10 Plumber: Agent Mailing Address (include City/State/Zip): 4 CONDITIONAL USE SPECIAL USE City/State/Zip: 1-05-/3 54806 BHLAND W. 13-101-000 T o O Volume Recorded Document: (i.e. Property Volume 322 Page(s) 54806 □ B.O.A. A. □ OTHER
| Telephone:
| 7/5-682-5 Written Authorization Attached Plumber Phone: Cell Phone: Page(s)__ □ No 351 -5302 nership)

	Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)	300 feet of River, Strea	Im (ind. Intermittent)	Distance Struc	Distance Structure is from Shoreline:		Are Wetlands
□ Shoreland →	Is Property/Land within 1000 feet of Lake, Pond or Flowage	1000 feet of Lake, Pon	Pond or Flowage If yes—continue	Distance Struc	Distance Structure is from Shoreline :	FNo FNo	Yes
¥ Non-Shoreland							
Value at Time				#	What Type of	pe of	
* Include donated time &	Project	# of Stories and/or basement	Use	of bedrooms	Sewer/Sanitary System Is on the property?	ry System operty?	Water
	New Construction		□ Seasonal	<u> </u>	☐ Municipal/City		☐ City
-	☐ Addition/Alteration	☐ 1-Story + Loft	V Year Round	□ 2	☐ (New) Sanitary Specify Type	ify Type:	Well
5/3 AOB Conversion	☐ Conversion	□ 2-Story		3	Sanitary (Exists) Specify Type: M	ify Type: M	
10,00	Relocate (existing bldg)	□ Basement			☐ Privy (Pit) or Vaulted (min 200 gallon)	ulted (min 200 gallon)	
	☐ Run a Business on	☐ No Basement		Z None	☐ Portable (w/service co	contract)	.1
	Property	☐ Foundation			☐ Compost Toilet		٠
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			None		

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction:

Length: Length:

NO

Width:

(0)

0

Height:

00

Proposed Use	۲	Proposed Structure	Dimensions	Footage
		Principal Structure (first structure on property)	×	
		Residence (i.e. cabin, hunting shack, etc.)	×)	
`		with Loft	×	
✓ Residential Use		with a Porch	(×	
		with (2 nd) Porch	×)	
		with a Deck	×	
		with (2 nd) Deck	×	
☐ Commercial Use		with Attached Garage	×	- Andrews
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(×	
		Mobile Home (manufactured date)	×	
		Addition/Alteration (specify)	X	,
Municipal Use	5 7.	Accessory Building (specify) GARHGE	(30 XX 40.)	1200
		Accessory Building Addition/Alteration (specify)	×	
			·	***************************************
Hec a for issualice		Special Use: (explain)	×	
		Conditional Use: (explain)	X	
		Other: (explain)	~ ×	

am (are) responsible for the detail and accuracy may be a result of Bayfield County relying on the above described property at any reasonable time Owner(s): //)// Owners listed on and FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES true, correct and complete. I (we) ackn party accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) ackn racy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further a on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to the Deed All Owners must sign or letter(s) of authorization Kans must accompany this application) Date Date acknowledge that I (we) er accept liability which s to have access to the 110

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

- Show:
- Show any (*): Show any (*):

S

Please complete (1) - (7) above (prior to continuing)

Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Setback to Privy (Portable, Composting)	Setback to Drain Field Feet	Setback to Septic Tank or Holding Tank 130 Feet Setback to Well	Setback from the East Lot Line 90 Feet Elevation of Floodplain	Setback from the West Lot Line 20% Slope Area on property	Setback from the South Lot Line feet Setback from Wetland	Setback from the North Lot Line 170 Feet	Setback from the Bank or Bluff	Setback from the Established Right-of-Way Feet Setback from the River, Stream, Creek	Setback from the Centerline of Platted Road 👸 Feet Setback from the Lake (ordinary high-water	Description Measurement Description
		=	oodplain	a on property	Vetland		he Bank or Bluff	he River, Stream, Creek	he Lake (ordinary high-water mark)	Description
		85	111 A	☐Yes						Measuremen
		Feet	Feet	No	Feet		Feet	Feet	Feet	nent

Prior to the placement or construction of a structure within ten (10) feet of the minimum requores other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Santary Number	# Of bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:			
Permt# 14-0153	Permit Date: 6-24-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Fused/Contiguous Lot(s))	ous Lot(s)) No Mitigation Required Nino Mitigation Attached	□Yes □Na	Affidavit Required Affidavit Attached	□res \Juo
Granted by Variance (B.O.A.) □ Yes □ No Case #:	Previously Granted ☐ Yes ☐ No	Previously <u>Granted by Variance (B.O.A.)</u> □ Yes □ No Case #:		
Was Parcel Legally Created XYes □ No Was Proposed Building Site Delineated XYes □ No	Were Property L	Were Property Lines Represented by Owner Was Property Surveyed	□Yes	XINO
Inspection Record Supplements and And	Dred-		Zoning District Lakes Classification	
Date of Inspection: $b-23-14=61$	Inspected by Command	Murch	Date of Re-Inspection:	tion:
Condition(s):Town, Committee or Board Conditions Attached? Yes No -(If No they need to be attached) 1. of Anored for Little No. (No.)	ped? □ Yes □ No ¬(If No they need to be at the transfer of th	ached.)	plund	4
fixtures att connection to priming of	rection to press	vized ma	な	
Signature of Inspector:	MEDICANIA DE LA CALLA DEL CALLA DE LA CALLA DE LA CALLA DEL CALLA DE LA CALLA		Date of Approval:	val: 6-23-14
Hold For Sanitary: Hold For TBA:	Hold For Affidavit:	Hold For Fees:		

field County, WI

30985 carlson road



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SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

GN 202014

Baywaru do, Zoning Dept.

Refund:

Permit #: Amount Paid: h-36-91 100 6-37-14

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

	Mailing Address:	TYPE OF PERMIT REQUESTED—> 1/24 LAND USE SANITARY PRIVY CONDITION	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
	City/State/Zip:	DNAL USE 🗆 SPECIAL USE 🗎 B.O.	
12-121-84	Telephone:	A. OTHER_	

% Non-Shoreland	☐ Shoreland —▶		Section 10	1/4, ZE 1/4	PROJECT LOCATION	Authorized Agent: (Per	The BROWN	Contractor:	7971K 1451 2		NICHAEL	Owner's Name:
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue	Section 10 , Township 47 N, Range 5	SIN NE 1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	THE BROWN CONSTRUCTION INC.	6 7	7		MIKULA	
	ike, Pond or Flowage If yescontinue	er, Stream (incl. Intermittent) If yes—continue —	W EILEEN	CSM	04-620-2-47-65-10-1	Agent Phone: Ag	6037	Contractor Phone: Plu	ASHIPSO, WI	City/State/Zip:	P.O. Bux 696	Mailing Address:
	Distance Structure is from Shoreline : fee	Distance Structure is from Shoreline:		Lot(s) No. Block(s) No.	03-000-10000	Agent Mailing Address (include City/State/zip):	BREWN PLUMBING & HEATIN	Plumber:	24806		ASHLAND, WI SUFO	City/State/Zip:
	<u> </u>	<u> </u> *	Lot Size	Subdivision:	Volume 437	•	TONTIAS				20845	
	□ Yes ▼ No	Is Property in Are Ploodplain Zone?	11.62		Page(s) 37 3	Written Authorization Attached Pes No	14-68-51L	Plumber Phone:		cell Phone:	2018-687-81L	Telephone:
	∀No	Are Wetland Present?	15°		(s) 373	No	17-04-4	Phone:		Ģ	20h8-t37)

Proposed Construction	Existing Structur					1 6 50 0 C	>		Value at Time of Completion * include donated time & material
10.	Existing Structure: (if permit being applied for is relevant to it)		Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	X Addition/Alteration	☐ New Construction	Project
	r is relevant to it)		✗ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	□ 1-Story	# of Stories and/or basement
Length: 155	Length: \upo						💢 Year Round	☐ Seasonal	Use
,	işī Ö			X None		3	2	1	# of bedrooms
Width:	Width: 70	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	(New) Sanitary Specify Type: Privite	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
He	90 He			ntract)	Ited (min	ify Type:	fy Type: F		не of У System эрегtу?
Height: 18	Height: 17.5				200 gallon)		100 TO	***************************************	
							X-Well	City	Water

Proposed Use	<	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	(x	1
		Residence (i.e. cabin, hunting shack, etc.)	×	
		with Loft	X	
Residential Use		with a Porch	×	***************************************
		with (2 nd) Porch	×	
		with a Deck	X	
		with (2 nd) Deck	(×	
🕅 Commercial Use		with Attached Garage	×	
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(x)	
_	₩	Addition/Alteration (specify) NEW SHOWE ASSESSMENT AREA	(155 X 62)	8,610
Municipal Use		Accessory Building (specify)	×	
		Accessory Building Addition/Alteration (specify)	×	
The state of the s	- Contraction			
Roc (1971251		Special Use: (explain)	×	
		Conditional Use: (explain)	×	
		Other: (explain)	×	
diame	,,,,,,			

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I we be to first the detail and accuracy of all information I (we) am (are) providing and that it will be speed upon by Bayfield County in determining whether to issue a permit. I (we) further accuracy of all information I (we) am (are) providing and that it will be speed upon by Bayfield County in determining whether to issue a permit. I (we) further accuracy of a county or of the detail and accuracy of a county or of the county or of the county of the county of the county or of the county or of the county of the county of the county of the county or of the county or of the county of t

or letter(s) of authorization must accompany this application)

Authorized Agent:

Address to send permit

Owner(s):

(If there are Multiple Owners listed on the Deed All Ow

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Date

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Please complete (1) – (7) abo (8) Setbacks: (mee Description (8) Setbacks: (mee Description (8) Setbacks: (mee Description Setback from the Centerline of Please Setback from the South Lot Line Setback from the Established Right NOTICE For The Construction of a struction on the placement or construction of a struction on the placement or the other previously surveyed corner to the other previously surveyed corner or marked by a structure Non-Conforming Setback from the Established Right NOTICE For The Construction of a structure Non-Conforming Setback from the Established Right NOTICE For The Construction of a structure Non-Conforming Setback from the Established Right N	\
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complete (1) – (7) (8) Setbacks: (8) Setbacks: (8) Setbacks: Description Descr	Show Location Show / Indicate Show Location Show: Show: Show any (*): Show any (*):
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eet from the set from the ar from the ar from the art from the set fro	Road (I Proper T); (*) I Preek; r 20%
The Setback from the Lake (ordinary high-wate Feet Setback from the Bank or Bluff Feet Setback from the Bank or Bluff Feet Setback from the Bank or Bluff Feet Setback from Wetland 20% Slope Area on property Elevation of Floodplain Feet Setback from Wetland 20% Slope Area on property Feet Feet Setback from which the setback must be measured must be reclared, the boundary line from which the ment by use of a corrected compass from a known corner within 500 feet of truction. Septic Tank (ST), Drain field (DF), Holding Tank from the Date of Issuance if Construction or Use has in fing. ALL Municipalities Are Required To Enforce The Unite State or Federal agencies may also require permits. Set Ing. ALL Municipalities Are Required To Enforce The Unite State or Federal agencies may also require permits. Set Ing. ALL Municipalities Are Required To Enforce The Unite State or Federal agencies may also require permits. Set Ing. ALL Municipalities Are Required To Enforce The Unite State or Federal agencies may also require permits. Set Ing. ALL Municipalities Are Required To Enforce The Unite State or Federal agencies may also require permits. Set Ing. ALL Municipalities Are Required To Enforce The Unite State or Federal agencies may also require permits. Set Ing. ALL Municipalities Are Required To Enforce The Unite State or Federal agencies may also require permits. Set Ing. ALL Municipalities Are Required To Enforce The Unite State or Federal agencies may also require permits. Set Ing. ALL Municipalities Are Required To Enforce The Unite State or Federal agencies may also require permits. Set Ing. ALL Municipalities Are Required To Enforce The Unite State or Federal agencies may also require permits. Set Ing. ALL Municipalities Are Required To Enforce The Unite State or Federal agencies may also require permits. Set Ing. ALL Municipalities Area Required To Enforce The Unite State or Federal agencies may also require permits. Set Ing. ALL Municipalities Area Required To Enforce The Unite State or Federal agenci	Name F ty Drain F or (*) F
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pproved by the Planning & Zoning Dept. pproved by the Planning & Zoning Dept. The visible from one previously surveyed corner to the the setback must be measured must be visible from of the proposed site of the structure, or must be feet feet from Dwelling Code. Affidavit Attached Pyes No Feet Feet Feet Feet Feet Feet Feet Fee	

w. Draw or Sketch your Property (regardless of what you are applying for)

